

**APPLICANT (name):**

**FOR COURT USE ONLY**

APPLICANT IS: ☐ Witness ☐ Juror ☐ Attorney ☐ Party ☐ Other

Person submitting request (*name*):

APPLICANT'S ADDRESS:

TELEPHONE NO.:

NAME OF COURT:

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

NAME OF JUDGE:

CASE NAME:

## REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES and ORDER

CASE NUMBER:

1. Type of proceeding: ☐ Criminal ☐ Civil

3. Dates accommodations needed (*specify*):

5. Type of accommodations (*be specific*):

7. I request that my identity ☐ be kept CONFIDENTIAL ☐ NOT be kept CONFIDENTIAL.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF APPLICANT)

☐ The request for accommodations is GRANTED because

☐ the applicant satisfies the requirements of the rule.

☐ it does not create an undue burden on the court.

☐ it does not fundamentally alter the nature of the service, program, or activity.

☐ Alternate accommodations granted (*specify*):

☐ The request for accommodations is DENIED because

☐ the applicant does not satisfy the requirements of the rule.

☐ it creates an undue burden on the court.

☐ it fundamentally alters the nature of the service, program, or activity.

*(Specify):*

Date:

JUDGE